

\$7.72 per adult; \$5.51 for 1 child; \$11.03 for all children



**Personal Health Plans Vision
EyeMed Access Network**



Services	Network	Non-Network ¹
Dependent Age Limit	19 Dependent, 23 Student; Removal upon End of the Month	
Professional Services (One every 12 months) Spectacle exam Contact lens exam	\$15 copayment \$15 copayment + any amount over spectacle exam	\$15 maximum \$15 maximum
Frame (One every 12 months)	\$0 copayment (Up to \$100. 20% off anything more than \$100)	\$30 maximum
Lenses (Uncoated plastic. One pair every 12 months) Single vision Bifocal Trifocal Lenticular	\$15 copayment \$15 copayment \$15 copayment \$15 copayment	\$10 maximum \$20 maximum \$30 maximum \$40 maximum
Contact Lenses (In lieu of lenses and frames. One pair every 12 months) Cosmetic Medically necessary Disposable	\$15 copayment (up to \$100) \$15 copayment (up to \$200) \$15 copayment (up to \$100)	\$40 maximum \$75 maximum \$40 maximum

Listed below are additional ways to save on lens options and contact lenses through the SuperMed Vision program.

Lens options: If an EyeMed Vision Care provider is used, members are entitled to a discount in addition to the lens copayments listed above. The discount applies to items whether or not they are covered as part of a vision plan. The available discounted lens options are listed below.

Lens options	*Discounted price	Lens options	*Discounted price
Progressive (no-line bifocal)	\$65	Anti-reflective coating.....	\$45
Polycarbonate	\$40	Solid tint or Gradient tint	\$15
Scratch-resistant coating	\$15	Photochromic	20% off retail price
Ultraviolet coating	\$15	Glass	20% off retail price

* Discounted price is in addition to the \$15 copayment listed above. Discounts available through EyeMed Access providers only.

Contact lenses: Listed below are two convenient ways to obtain contact lenses

1. Visit a participating EyeMed Vision Care location and save 15% on non-disposable or medically necessary contact lenses.
2. Use the mail-order Vision One Contact Lens Replacement Program and apply discounts when ordering contacts by mail.

The discount schedule for lens options and contact lenses listed above is subject to change by EyeMed Vision Care.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Consumers Life may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

¹ The non-network maximum is the amount a member receives for covered vision services received from a non-network provider.

NOTICE: LIMITED BENEFITS WILL BE PAID WHEN NONPARTICIPATING (NON-PPO NETWORK) PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered service, benefit payments to such non-participating provider are not based upon the amount billed. The basis of your benefit payment will be determined according to your policy's fee schedule, usual and customary charge (which is determined by comparing charges for similar services adjusted to the geographical area where the services are performed), or other method as defined by the policy.

YOU RISK PAYING MORE THAN THE COINSURANCE, DEDUCTIBLE AND COPAYMENT AMOUNT DEFINED IN THE POLICY AFTER THE PLAN HAS PAID ITS REQUIRED PORTION. Nonparticipating providers may bill enrollees for any amount up to the billed charge after the plan has paid its portion of the bill. Participating providers have agreed to accept discounted payment for covered services with no additional billing to the enrollee other than copayment, coinsurance and deductible amounts. You may obtain further information about the participating status of professional providers and information on out-of-pocket expenses by calling the toll free number on your identification card, 1-800-242-1936 or visiting the company's website, www.ConsumersLife.com.